



**Texas Commission On Environmental Quality
Request For Special Examination Accommodations &
Documentation Of Disability-Related Needs**

Please complete Part I and Part II of this form so your request for special accommodations for an examination can be processed promptly and efficiently. The information you provide and any documentation regarding your disability and your need for special accommodations for taking an examination will be considered strictly confidential and will not be shared with any outside source without your expressed written consent.

NOTE: Do not schedule your exam until you have received approval for your request.

Part I – Request for Special Examination Accommodations

Section I – Applicant Information:

Last Name:		First Name:		M.I.
Address:	City:		State:	Zip Code:
FAX Number:	Daytime Phone No.:	Email Address:		
TCEQ License No.:	Requested Exam Location (TCEQ Regional Office/TEEX):		Requested Exam Date:	

Section II - Special Accommodations Requested:

I am requesting the following special accommodation(s) for taking the examination (check all that apply):

- ☐ Special seating or other physical accommodations ☐ Screen Magnifier or enlarged type exam ☐ Oral Examination ☐ Extended examination time (usually time and a half) ☐ Separate examination area
☐ Other special accommodations (please specify)

Comments:

I CERTIFY THAT THIS APPLICATION AND ANY ATTACHMENTS CONTAIN NO WILLFUL OR NEGLIGENT MISREPRESENTATION OR FALSIFICATION AND THAT ALL INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION MAY RESULT IN THE DENIAL OF THIS APPLICATION.

Applicant's Signature

Date

NOTE: Failure to properly complete and submit Parts I & II of this form will cause a delay in the processing your request. Once your request has been reviewed the TCEQ Licensing Section will notify you of the approval or denial of the request and give you additional instructions for scheduling the exam if the request is approved.

Part II – Documentation of Disability-Related Needs

If you have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have the form completed by an appropriate professional (i.e. education professional, doctor, psychologist, psychiatrist), to certify that your disabling condition requires the requested examination accommodation.

Section III - Professional Documentation:

I have known _____ since ____/____/____ in my capacity as a
Examination Applicant Date

Professional Title

The applicant discussed with me the nature of the examination to be administered. It is my professional opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed in Section II (Special Accommodations).

Description of Disability:

Type or Print Name

Signature

Title

Date

License No.

Important – make sure you submit the signed complete form (Parts I & II) to the address or fax number listed at the bottom of Part I. Failure to properly complete and submit Parts I & II of this form will cause a delay in the processing your request.

THIS FORM MUST BE SIGNED BY BOTH THE APPLICANT AND APPROPRIATE PROFESSIONAL. ANY INFORMATION SUBMITTED IS SUBJECT TO VERIFICATION BY THE TCEQ.

You can submit the completed form by mail, fax, or email.

Mail to: Texas Commission on Environmental Quality Occupational Licensing Section MC 178 P.O. Box 13087 Austin, TX 78711-3087	Fax to: Texas Commission on Environmental Quality Occupational Licensing Section (512) 239-6272	Email to: licenses@tceq.texas.gov
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TCEQ USE ONLY

Request Received On: ____/____/____

☐ Request Granted ☐ Request Denied

Applicant Notified On: ____/____/____

Comments Entered in CCEDS: ____/____/____